

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

A TRIBAL ORGANIZATION AND AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

Date _____

Name _____
Last First Middle

Bus. Phone (____) _____ Home (____) _____ SS # _____

Present Address _____
No. Street City State Zip

Permanent Address (If different from present address).

No. Street City State Zip

Employment Desired: Position applying for:

Are you apply for (Circle) : Full-Time Part-Time Temporary Explain

What days and hours are you available for work? _____ Are you available for work on weekends?

Would you be available to work overtime? ____ If Hired, what date can you start? ____ Salary desired

Personal Information: Do you claim "Indian Preference"? _____ *If yes, attach documentation!*
_____ (Indian Preference: Member of a Federally Recognized Tribe)
Tribal Affiliation

Have you ever applied to or worked for CRIHB? ____ If yes, When & Position? _____

Do you have friends or relatives working for CRIHB? ____ If yes, Name & Relationship?

Do you have a relative(s) on CRIHB's Board of Directors? ____ If yes, Name & Relationship?

(Note: CRIHB has a nepotism policy.)

Are you at least 18 years old? ____ If under 18, subject to verification of minimum legal age.

If hired can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Are you able to perform the essential functions of the job for which you are applying? _____ If no, describe the functions that cannot be performed. _____

(CRIHB complies with the ADA)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed) ____ If yes, state the nature of the crime(s), when and where convicted and disposition of the case. _____

Are you currently employed? ____ If so, may we contact you current employer? _____

Education, training and Experience

School Name and address	No.of yrs completed	Did you Graduate	Degree or Diploma
High School _____			
College/ _____			
University _____			
Vocational _____			
Business _____			
Health _____			
Care _____			

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at CRIHB? If so, please explain:

Answer the following questions if you are applying for a position that requires a State and/or professional licensure.

Are you licensed/certified for the job applied for? _____ Issue State _____ License/Certification Nbr. _____

Has your license/certification ever been revoked or suspended? ____ If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

Employment History (List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if you attach a resume. There are additional spaces on page 4 of this application.

Name of Employer _____

Address _____

No.	Street	City	State/Zip	Type of Business
-----	--------	------	-----------	------------------

Telephone No. (____) _____ Supervisor's Name _____

Position and Duties: _____

Date of Employment: From _____ to _____ Monthly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____

No.	Street	City	State/Zip	Type of Business
-----	--------	------	-----------	------------------

Telephone No. (____) _____ Supervisor's Name _____

Position and Duties: _____

Date of Employment: From _____ to _____ Monthly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State/Zip Type of Business

Telephone No. (____) _____ Supervisor's Name _____

Position and Duties: _____

Date of Employment: From _____ to _____ Monthly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State/Zip Type of Business

Telephone No. (____) _____ Supervisor's Name _____

Position and Duties: _____

Date of Employment: From _____ to _____ Monthly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State/Zip Type of Business

Telephone No. (____) _____ Supervisor's Name _____

Position and Duties: _____

Date of Employment: From _____ to _____ Monthly Pay: Starting _____ Ending _____

Reason for Leaving: _____

References (List below three persons not related to you who have knowledge of your work performance within the last three years.)

Name/Address _____
Name No./Street/City/State/Zip

Occupation _____ Telephone No. (____) _____ Number of years acquainted _____

Name/Address _____
Name No./Street/City/State/Zip

Occupation _____ Telephone No. (____) _____ Number of years acquainted _____

Name/Address _____
Name No./Street/City/State/Zip

Occupation _____ Telephone No. (____) _____ Number of years acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I understand that any omissions or misstatements of material fact on any document used to secure employment shall be grounds for immediate discharge regardless of the time elapsed before discovery.

_____ I hereby authorize CRIHB to thoroughly investigate my references, work record, education, Office of Inspector General Compliance Database and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to CRIHB any and all letters reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release CRIHB, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and CRIHB. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or CRIHB, and that no promises or representations contrary to the foregoing are binding on CRIHB unless made in writing and signed by me and CRIHB's designated representative.

HEAD START -- ADDITIONAL REQUIREMENTS--If you are applying for a Head Start position, each item listed below is a requirement. You are required to initial each item below unless indicated otherwise:

_____ Annual TB Skin Test	_____ Background Clearance
_____ First Aid/CPR Certification	_____ Annual Physical
_____ Drug & Alcohol Testing (Bus Drivers Only)	_____ Hep B Series
_____ Release of Drug & Alcohol Testing information by previous employers (Bus Drivers Only)	
_____ Food Handlers Certification (Cooks Only)	

Are you a parent or previous parent of a head start student _____ Yes _____ No

Date _____ Applicant's Signature _____

NOTE: Please submit application to:

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
HUMAN RESOURCES DEPARTMENT

4400 Auburn Blvd. 2nd Floor
Sacramento, California 95841
Phone:(916) 929-9761
Fax: (916) 929-7246
E-mail: jobs@crihb.ihs.gov